

**CITY OF LEXINGTON**  
**Planning & Development Department**  
**P.O. Box 922**  
**300 East Washington Street**  
**Lexington, Virginia 24450**  
**[540] 462-3704; fax [540] 463-5310**

**APPLICATION FOR  
ZONING RELATED ACTION**

**REQUIRED PUBLIC NOTICE**

Applicability:

- |  |  |
|--|--|
| <input type="checkbox"/> Subdivisions            | <input type="checkbox"/> Planned Unit Developments |
| <input type="checkbox"/> Site Plans              | <input type="checkbox"/> Rezoning Requests         |
| <input type="checkbox"/> Conditional Use Permits | <input type="checkbox"/> Variances                 |

**NOTICE TO ADJACENT PROPERTY OWNERS**

The applicant shall give notice to those persons who own property, any portion of which abuts the subject property, and all property which is directly across the street from any portion of the subject property, as determined by the City's real property tax records. This notice shall give the date, time and place of the hearing, identify the property which is the subject of the application and give a brief description of the proposed action. This notice shall be mailed a minimum of ten (10) days prior to the date of the Planning Commission hearing. The list of property owners and the content of the notice shall be approved by the City prior to mailing.

**POSTING OF THE PROPERTY**

The applicant shall place a sign provided by the City on the subject property which indicates that this action is pending. This sign shall be located to be clearly visible from the street.

**FEEES**

Action	Fee
<input type="checkbox"/> Planned Unit Development.....	\$125.00
<input type="checkbox"/> Site Plan Review.....	No Fee
<input type="checkbox"/> Entrance Corridor Certificate of Appropriateness.....	No Fee
<input type="checkbox"/> Conditional Use.....	\$200.00
<input type="checkbox"/> Rezoning.....	\$200.00
<input type="checkbox"/> Zoning Ordinance Amendment.....	\$200.00
<input type="checkbox"/> Variance.....	\$100.00
<input type="checkbox"/> Appeal of Zoning Administrator's Decision.....	\$100.00
<input type="checkbox"/> Subdivision Reviews:	
Preliminary Plat:     \$200 + \$50 per each additional lot created.....	_____
Final Plat:           \$0 + \$50 per each additional lot created.....	_____
<b>TOTAL FEE:</b> _____	

**Location of Property:**\_\_\_\_\_

Tax Map:\_\_\_\_\_

Subdivision:\_\_\_\_\_

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**APPLICATION FOR  
ZONING RELATED ACTION**

**Landowner Name:**\_\_\_\_\_

**Work Phone #:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Home Phone #:**\_\_\_\_\_

**Applicant Name:**\_\_\_\_\_

**Work Phone #:**\_\_\_\_\_

**Address:**\_\_\_\_\_

**Home Phone #:**\_\_\_\_\_

**Location of Property:**\_\_\_\_\_

**Tax Map:**\_\_\_\_\_

**Subdivision:**\_\_\_\_\_

**Description of Proposal:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Owner**

**Meeting Dates:**

**Staff Review:**

**Planning Commission:**\_\_\_\_\_

**Planning**\_\_\_\_\_

**City Council:**\_\_\_\_\_

**Public Works**\_\_\_\_\_

**Board of Zoning Appeals:**\_\_\_\_\_

**Police**\_\_\_\_\_

**Fire/Rescue**\_\_\_\_\_

**Administrator:**\_\_\_\_\_

**Date of Final  
Approval/Disapproval:**\_\_\_\_\_

**Special Conditions:** \_\_\_\_\_